Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information -001

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. 

| | | | | |
|---|---|---|---|---|
| Row 1<br><br>Administrative Data | Reporter name:<br>[redacted] | Submission date: | Contact person (if different than reporter) | Internal ID<br>***1-49655563*** |
| | Address:<br>-<br>***Ontario*** | | Address: | |
| | Phone #:<br>[redacted] | | Phone #: | |
| | Incident Status:<br><br>***New*** | Location and date of incident<br>***Ontario***<br>***08/27/2017*** | Date registrant became aware of incident:<br>***9/10/2017*** | Was incident part of larger study? |

| | | | |
|---|---|---|---|
| Row 2<br><br>Pesticide(s) Involved | EPA Registration # (Product 1)<br><br>***24359*** | EPA Registration # (Product 2) | EPA Registration # (Product 3) |
| | A.I. (s) | A.I. (s) | A.I. (s) |
| | Product 1 Name<br><br>***Glyfos Soluble Concentrate Herbicide Canada*** | Product 2 Name | Product 3 Name |
| | Exposed to concentrate prior to dilution? ***NA*** | Exposed to concentrate prior to dilution? | Exposed to concentrate prior to dilution? |
| | Formulation | Formulation | Formulation |

| | | | |
|---|---|---|---|
| Row 3<br><br>Incident Circumstances | Evidence label directions were not followed? ***No***<br>Intentional misuse? ***No*** | Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))<br><br>***Own Residence*** | Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating)<br><br>***See Description Notes*** |
| | Applicator certified PCO? ***Not applicable*** | | |
| | How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)<br><br>***See Incident Description*** | | |

*Personal privacy information*

*9/10/2017 10:05:58 AM Glyfos Soluble Concentrate Herbicide Canada*
*PCP #24359*

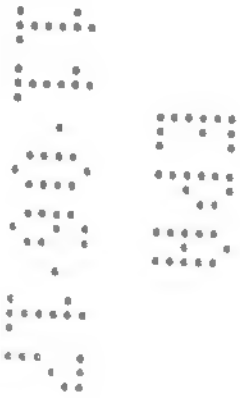
*HX: The caller got some of the product on his hand 2 weeks ago. He did take a shower after exposure. Shortly after exposure he started to experience joint and muscle pain. Could his symptoms be related to this product?*

*A: The symptoms described would not be expected from exposure to this product.*
*- Product may cause temporary skin irritation.*
*- Consider other causes for your symptoms.*
*- Please call back with any further questions or concerns.*

*Consulted with AB*

*10/6/2017 11:48:10 AM PMRA report generated.*

*10/11/2017 9:44:57 PM PMRA report sent.*



Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. 

| | | | |
|---|---|---|---|
| Demographic information<br>Age: ***Unknown*** Sex: ***Male***<br>Occupation: (if relevant) | Exposure route:<br>***Dermal*** | Was adverse effect result of suicide/homicide or attempted suicide/homicide?<br>***No*** | Was protective clothing worn (specify)?<br><br>***Not applicable*** |
| If female, pregnant?<br>***Did not query*** | Was exposure occupational?<br>***No***<br>If yes, days lost due to illness: | Time between exposure and onset of symptoms:<br>***See Symptoms*** | |
| Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).<br>***On-site*** | List signs/symptoms/adverse effects.<br><br>***Joint pain, 24 hrs or less;***<br>***Other miscellaneous - Muscle pain, 24 hrs or less;*** | | If lab tests were performed, list test names and results (If available, submit reports).<br><br>***Not Reported*** |
| Exposure data:<br>Amount of pesticide:<br>Exposure duration:<br>Weight: | | | |
| Human severity category:<br>***HC*** | | | |

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
***1-49655563***